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(FILE 'HOME' ENTERED AT 17:05:50 ON 25 JAN 2005)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, CANCERLIT, JAPIO' ENTERED AT  
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L1 26 S (COMPLEMENT C3) AND (INSULIN RESISTANCE)  
L2 16 DUPLICATE REMOVE L1 (10 DUPLICATES REMOVED)  
L3 4 S L2 AND MARKER?

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AN 2004:708363 CAPLUS  
DN 141:329868  
ED Entered STN: 31 Aug 2004  
TI Inflammation, **insulin resistance**, and adiposity: A  
study of first-degree relatives of type 2 diabetic subjects  
AU Kriketos, Adamandia D.; Greenfield, Jerry R.; Peake, Phil W.; Furler,  
Stuart M.; Denyer, Gareth S.; Charlesworth, John A.; Campbell, Lesley V.  
CS Diabetes and Obesity Research Program, Garvan Institute of Medical  
Research, Sydney, Australia  
SO Diabetes Care (2004), 27(8), 2033-2040  
CODEN: DICAD2; ISSN: 0149-5992  
PB American Diabetes Association, Inc.  
DT Journal  
LA English  
CC 14-8 (Mammalian Pathological Biochemistry)  
AB OBJECTIVE - Inflammatory **markers** such as C-reactive protein  
(CRP) are associated with **insulin resistance**, adiposity,  
and type 2 diabetes. Whether inflammation causes **insulin  
resistance** or is an epiphenomenon of obesity remains unresolved.  
We aimed to determine whether first-degree relatives of type 2 diabetic  
subjects differ in insulin sensitivity from control subjects without a  
family history of diabetes, whether first-degree relatives of type 2  
diabetic subjects and control subjects differ in CRP, adiponectin, and  
complement levels, and whether CRP is related to insulin sensitivity  
independently of adiposity. RESEARCH DESIGN AND METHODS - We studied 19  
young normoglycemic nonobese first-degree relatives of type 2 diabetic  
subjects and 22 control subjects who were similar for age, sex, and BMI.  
Insulin sensitivity (glucose infusion rate [GIR]) was measured by the  
euglycemic-hyperinsulinemic clamp. Dual-energy x-ray absorptiometry determined  
total and abdominal adiposity. Magnetic resonance imaging measured  
abdominal adipose tissue vols. RESULTS - First-degree relatives of type 2  
diabetic subjects had a 20% lower GIR than the control group ( $51.8 \pm 3.9$   
vs.  $64.9 \pm 4.6 \mu\text{mol} \cdot \text{min}^{-1} \cdot \text{kg fat-free mass}^{-1}$ ,  $P =$   
0.04). However, first-degree relatives of subjects with type 2 diabetes  
and those without a family history of diabetes had normal and comparable  
levels of CRP, adiponectin, and complement proteins. When the cohort was  
examined as a whole, CRP was inversely related to GIR ( $r = -0.33$ ,  $P = 0.04$ )  
and adiponectin ( $r = -0.34$ ,  $P = 0.03$ ) and pos. related to adiposity ( $P <$   
0.04). However, CRP was not related to GIR independently of fat mass. In  
contrast to C3 ( $r = 0.41$ ,  $P = 0.009$ ) and factor B ( $r = 0.43$ ,  $P = 0.005$ ),  
CRP was unrelated to factor D. CONCLUSIONS - The insulin-resistant state  
is not associated with changes in inflammatory **markers** or  
complement proteins in subjects at high risk of type 2 diabetes. Our  
study confirms a strong relationship between CRP and fat mass. Increasing  
adiposity and **insulin resistance** may interact to raise  
CRP levels.  
ST inflammation **insulin resistance** adiponectin adiposity  
diabetes risk; adiponectin C reactive protein diabetes  
IT Proteins  
RL: BSU (Biological study, unclassified); DGN (Diagnostic use); BIOL  
(Biological study); USES (Uses)  
(C-reactive, inflammatory **marker**; inflammation,  
**insulin resistance**, and adiposity in first-degree  
relatives of type 2 diabetic subjects)  
IT Cytokines  
RL: BSU (Biological study, unclassified); DGN (Diagnostic use); BIOL  
(Biological study); USES (Uses)  
(adiponectin; inflammation, **insulin resistance**, and  
adiposity in first-degree relatives of type 2 diabetic subjects)  
IT Biomarkers (biological responses)  
Human  
Obesity  
Risk assessment

(inflammation, **insulin resistance**, and adiposity in first-degree relatives of type 2 diabetic subjects)

IT Diabetes mellitus  
(non-insulin-dependent; inflammation, **insulin resistance**, and adiposity in first-degree relatives of type 2 diabetic subjects)

IT 80295-32-5, Complement C1 80295-41-6, **Complement C3**  
80295-48-3, Complement C4  
RL: BSU (Biological study, unclassified); DGN (Diagnostic use); BIOL (Biological study); USES (Uses)  
(inflammation, **insulin resistance**, and adiposity in first-degree relatives of type 2 diabetic subjects)

IT 9004-10-8, Insulin, biological studies  
RL: BSU (Biological study, unclassified); BIOL (Biological study)  
(resistance; inflammation, **insulin resistance**, and adiposity in first-degree relatives of type 2 diabetic subjects)

RE.CNT 51 THERE ARE 51 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

- (1) Brull, D; Atherosclerosis 2003, V168, P192
- (2) Campos, S; Mol Cell Biol 1992, V12, P1789 CAPLUS
- (3) Carey, D; Diabetes 1996, V45, P633 CAPLUS
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- (12) Gan, S; Diabetes 2002, V51, P3163 CAPLUS
- (13) Greenfield, J; Circulation 2004, V109, P3022 CAPLUS
- (14) Griselli, M; J Exp Med 1999, V190, P1733 CAPLUS
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- (28) Matsumoto, K; Atherosclerosis 2000, V152, P415 CAPLUS
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ST inflammation **insulin resistance** adiponectin adiposity  
diabetes risk; adiponectin C reactive protein diabetes

IT Proteins

RL: BSU (Biological study, unclassified); DGN (Diagnostic use); BIOL (Biological study); USES (Uses)

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